TN Division of
Health Care
Finance & Administration

TennCare Online Services – Hospital Presumptive Eligibility

(formerly known as Tennessee Anytime)

User Guide

1   Hospital Presumptive Eligibility Webpage User Guide

This document provides step-by-step instructions to providers/hospitals on how to enter information on *TennCare Online Services* for individuals that appear to meet the criteria for Medicaid eligibility so they can be granted temporary Presumptive Eligibility (PE) in order to receive immediate access to healthcare coverage.

2   TennCare Online Services Log In Page

To access the *TennCare Online Services*, click the following web address:
https://tcmisweb.tenncare.tn.gov/tcmis/tennessee/Security/logon.asp

2.1   Providers and Partners who Require TennCare Online Services Access

Providers and Partners who do not already have a User ID or Passcode, click on the "**Learn how to subscribe**" link for information on how to setup your TennCare Online Services subscription, as shown in the figure below.

Follow the "**Learn how to subscribe**" link to the **Welcome to TennCare Online Services** page. Under Step 2, select the **Complete the TennCare Subscriber Agreement online** link to receive a User ID and Passcode, as shown in the figure below.

TennCare

Welcome to TennCare Online Services

Using TennCare's Online Service, Interchange, healthcare providers can search for TennCare eligibility information for TennCare patients. Long-term healthcare providers can enter and submit or adjust/void claims, and, upload or download HIPAA transactions.

How to Sign Up

1. In order to use this online service, you must be a Premium Services Subscriber. The annual fee for a subscription service is $75. The $75 fee allows you to set up and manage up to 10 different users for the service. If you need more than 10 users, you must purchase additional subscriptions (e.g., one subscription allows up to 10 users, two subscriptions allow up to 20 users). Subscriptions are last for 1 year, and unless you tell us otherwise, you will be automatically renewed.

2. Complete the TennCare Subscriber Agreement online.

3. After you receive your user name and **passcode**, go to the log in page, and enter them in the log in box on the right side of the screen.

4. You will be prompted to set a **password** for future use. It must be between six and eight characters in length and must contain one number. Remember your password.

5. The next time you log in, you will enter your user name and the **password** you just set in the log in box on the left side of the screen.

For additional help or if you've forgotten your password, see TennCare Online Services Help.

IMPORTANT DIFFERENCE BETWEEN A PASSCODE AND A PASSWORD
In using this system you may have both a **passcode** and a **password**, but they are not the same. A **passcode** is only for a one-time use. When you log in with a **passcode**, you are asked to set your **password**. After logging in with a **passcode** and setting your **password**, you will then access they system each time with your user name and **password**. A **passcode** may be issued to first time users or current subscribers who have forgotten their **password**, and is always entered in the log in box on the right side of the log in screen.

ALREADY HAVE A LOG IN?

Go to Log In Page

2.2   Provider and Partners First Time Log In

Providers and partners who are logging into the *TennCare Online Services* for the first time will need to enter their User ID and Passcode on the right side of the page, as shown in the figure below.

Note: This section is also be used to reset the user's passcode.

2.3   Providers and Partners who already have Access to TennCare Online Services

Providers and partners who have logged into the *TennCare Online Services* in the past will log into the system on the left side of the page, as shown in the figure below.

3   Provider Home Page

From the **Provider Home Page**, click on the "**Hospital Presumptive Eligibility**" link (the 4th link down), to access the **Hospital Presumptive Eligibility** page.

Note: The **Hospital Presumptive Eligibility** page will open in a new window.

A user who is not authorized to use the **Hospital Presumptive Eligibility** page will receive the "*We are sorry, you are not authorized to use the Hospital Presumptive Eligibility page*" error message.
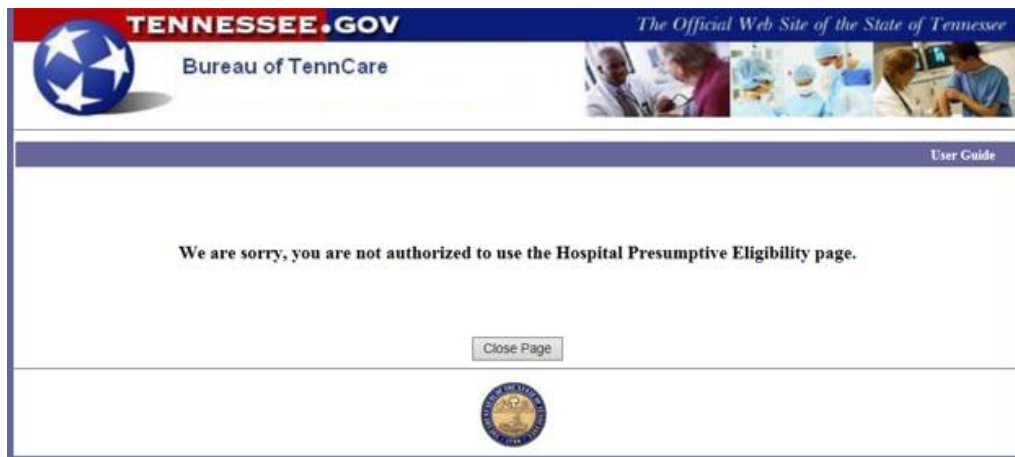
4   TennCare Online Services Hospital Presumptive Eligibility Webpage

From the **Hospital Presumptive Eligibility** application page, all fields denoted with an asterisk (*****) are required to be completed before moving forward.

Note: See Appendix A, "Error Messages" for examples of possible error conditions that can be encountered while filling out the **Hospital Presumptive Eligibility** application page.

4.1   HPE Eligibility Check

In the **Step 1: Verify HPE Eligibility** section, the individual's Name (First, Middle, and Last), Date of Birth (DOB), Social Security Number (SSN), and Gender must be filled out and submitted to ensure that the individual is not currently enrolled in a Medicaid program or has not had a Hospital Presumptive Eligibility segment within the current or previous calendar year(s). If the individual meets this criteria, then **Step 2: Complete the Application** section will be enabled and the individual's full application can be completed and submitted to the Bureau of TennCare.

Note: Children under the age of 1 must be submitted through the Newborn Presumptive Eligibility (NPE) process found on the **Provider Home Page** under *TennCare Online Services*. The **Provider Home Page** is still available and can be accessed by clicking on that window.

4.2   Filling Out Step 1: Verify HPE Eligibility Section

1. Enter the First Name, Middle Initial, and Last Name for the individual applying for HPE Eligibility.

> **Note:** The **Name** fields will not allow numeric character or any of these special characters: ~, `, @, #, ^, *, |, ;, ", <, >.

2. Enter the individual's DOB – DOB must be numeric (no special characters) and formatted as MM/DD/YYYY.

    a. Place the cursor into the **DOB:** text box to type the date of birth.

    b. Or click on the calendar icon to scroll to the date of birth and click on the date.

3. Enter the individual's Social Security Number (SSN), if available, in the **SSN:** text box. The cursor will automatically tab to create the correct format for the SSN.

Note: Must be numeric, no special characters.

4. Select the correct gender of the individual from the **Gender:** radio buttons. This field is REQUIRED.

5. Once all information is entered in **Step 1: Verify HPE Eligibility** section, click **Verify** to submit the individual information to TennCare.

The figure below displays an example of a completed **Verify HPE Eligibility** section.

The figure below displays an example of **Step 1: Verify HPE Eligibility** where the individual has been verified. Continue to **Step 2: Complete the Application** to finish the HPE application.

The figure below displays an example of **Step 1: Verify HPE Eligibility** when individual already has Hospital Presumptive Eligibility within this year or the previous year and does not qualify. **Step 2: Complete the Application** section will not be available.

The figure below displays an example of **Step 1: Verify HPE Eligibility** when the individual has Medicaid Eligibility and does not qualify for HPE. **Step 2: Complete the Application** section will not be available.

4.3   Step 2: Complete the Application

The **Step 2: Complete the Application** section can only be completed after **Step 1: Verify HPE Eligibility** has verified that the individual meets the criteria and is not currently enrolled in a Medicaid program or has had a Hospital Presumptive Eligibility segment within the current or previous calendar year.

4.4   Filling out the Address Section

Once the individual's eligibility has been verified in the **Step 1: Verify HPE Eligibility** section, tab to **Step 2: Complete the Application** section. The **Address** section is REQUIRED to be filled out.

1.   Enter the mailing address in the **Mailing Address Line 1:** (Street Address, P. O. Box, Company name, c/o) and (if applicable) **Mailing Address Line 2:** (Apartment, Suite, Unit, Building, Floor) text boxes.

2.   Enter the City in the **City:** text box.

3.   Select the State from the **State:** drop-down menu.

     Note: The State is defaulted to TN, but any state can be selected from the drop-down menu. Remember, however, that only TN residents can be approved for TennCare.

4.   Enter the five-digit numerical Zip Code in the **Zip code:** text box.

The figure below displays an example of the completed **Address** section.

4.5   Filling out the Telephone Section

The **Telephone** section is Optional.

1. Enter the 10-digit numeric home telephone number area code first in the **Home Phone:** text box.

   a. Place cursor into the first box, enter a three-digit area code. The cursor will automatically tab to the second box.

   b. Enter the three-digit prefix. The cursor will automatically tab to the third box.

   c. Enter the four-digit line number.

2. Enter the 10-digit telephone number in the **Other Phone:** text box.

   a. Place cursor into the first box, enter the three-digit area code.

   b. Enter the three-digit prefix.

   c. Enter the four-digit line number.

Figure below displays an example of the completed **Telephone** section.

4.6   Filling out the Eligibility Determination Section

The **Eligibility Determination** section is REQUIRED.

1. Select the correct **Eligibility Category** from the drop-down menu.

   a. **Pregnant Women** – Individual must be female.

   b. **Infant and Children Under the Age 19** – DOB entered must be less than 19 years of age.

   c. **Parent/Caretaker Relatives**

   d. **Former Foster Care Children** – DOB entered must be less than 26 years of age.

```
-------[ SELECT ]-------
PREGNANT WOMEN
INFANTS AND CHILDREN UNDER THE AGE 19
PARENTS/CARETAKER RELATIVES
FORMER FOSTER CARE CHILDREN
```

2. Select or enter the **Eligibility Determination Date** - Must be numeric and formatted as MM/DD/YYYY.

* Eligibility Determination Date: __/__/____ 📅

   a. Place the cursor into the Eligibility Determination Date text box to type the date.

   b. Or click on the calendar 📅 icon to scroll to the eligibility date and click on the date.

```
◄        March, 2016         ►
Su  Mo  Tu  We  Th  Fr  Sa
28  29   1   2   3   4   5
 6   7   8   9  10  11  12
13  14  15  16  17  18  19
20  21  22  23  24  25  26
27  28  29  30  31   1   2
 3   4   5   6   7   8   9

   Today: March 7, 2016
```

Note: Date cannot be more than 9 calendar days in the past and cannot be a future date.

3. Enter the **Individual's FPL** – Must be numeric only with a maximum of 3 digits.

* Individual's FPL: [   ] %

4. Select the correct response for the **U.S. Citizen or Permanent Resident** drop-down menu.

```
-------[ SELECT ]-------
YES
NO
```

5. Enter the **Monthly MAGI Income** – Must be up to a 4 digit whole dollar amount only.

6. Select the County of Residence from the **County of Residence** drop-down menu.

7. Select a Health Plan/Managed Care Organization (MCO) from the **Requested Health Plan/MCO:** drop-down menu. This field is optional and can be left blank.

The figure below displays an example of a completed **Eligibility Determination** section.

4.7 Adding Additional Family Members

The **Add Member** button will allow multiple family members to be processed on the same Hospital Presumptive Eligibility application.
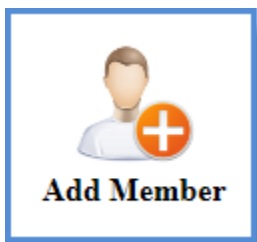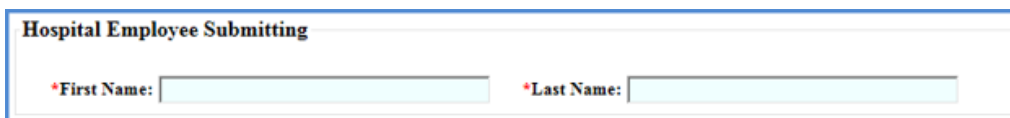

4.8 Remove Family Member

The **Remove Member** button will remove a family member from the Hospital Presumptive Eligibility application.
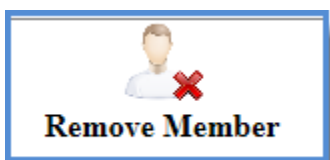

Note: The **Remove Member** button can be used to remove an individual when incorrect information was entered in **Step 1: Verify HPE Eligibility** but not found until **Step 2: Complete the Application**.

4.9 Hospital Employee Submitting

The hospital employee filling out the application must submit their First and Last Name in the **Hospital Employee Submitting** section.
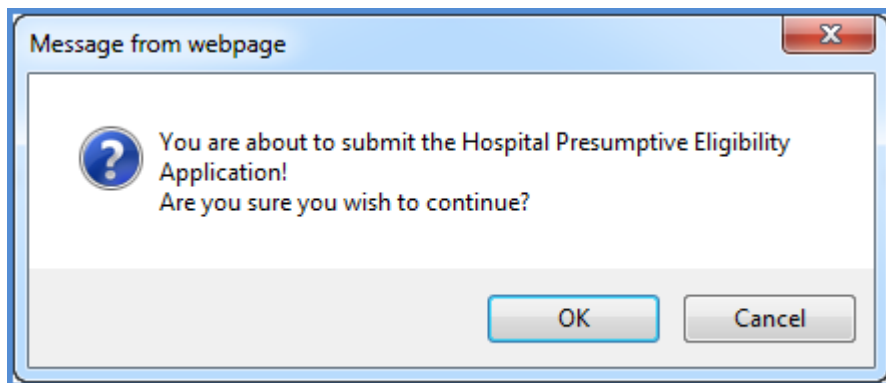
4.10   Submission of Information
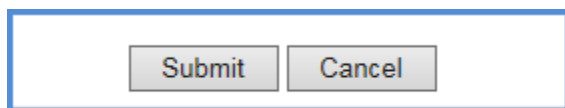
Submission:

1. Once all information is entered, click **Submit** to submit data to TennCare.

    A confirmation message shall display "*You are about to submit the Hospital Presumptive Eligibility Application! Are you sure you wish to continue?*"
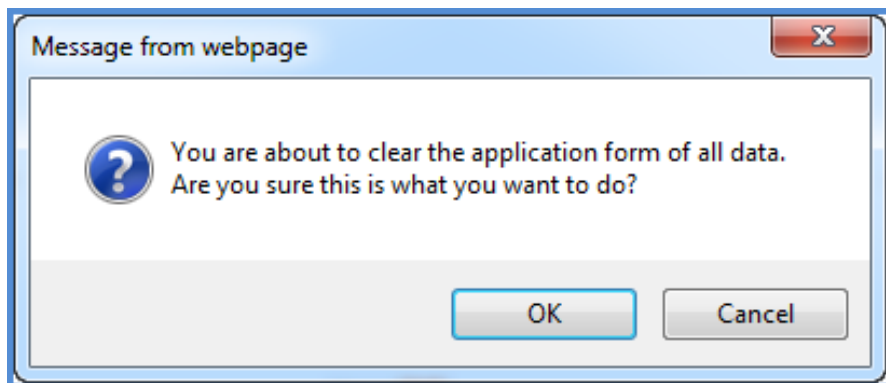

2. Click **OK** to submit information or **Cancel** to go back to the **Hospital Presumptive Eligibility** application page.

Cancellation:

3. Click **Cancel** to clear all data.

    A confirmation message shall display "*You are about to clear the application form of all data. Are you sure this is what you want to do?*"

4. Click **OK** to delete all data entered or **Cancel** to continue entering data.

After the successful record submission to TennCare, the following message shall display.

5. All presumptive hospital eligibility application records submitted at the same time shall be reflected in the following message.
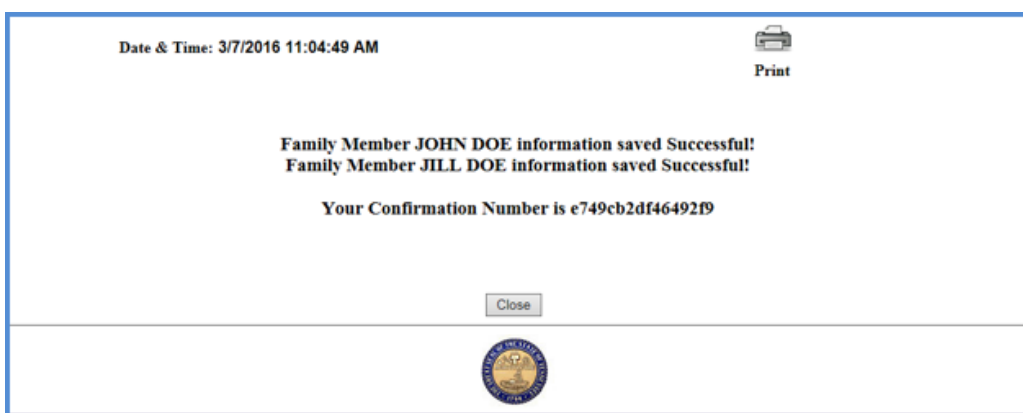
6. Click **Close** to close message.

Appendix A: Error Messages

Appendix A provides a comprehensive listing of the error messages and pop-up warnings possible within the **Hospital Presumptive Eligibility** application webpage.
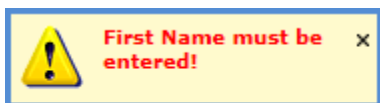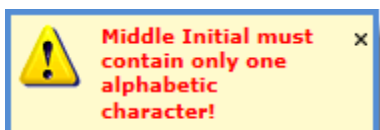

Figure A-1:   First Name must be entered!

Figure A-2:   Middle Initial must contain only one alphabetic character!
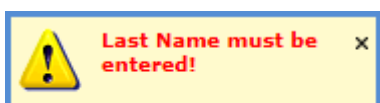
Figure A-3:   Last Name must be entered!
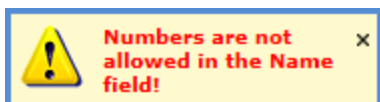
Figure A-4:   Numbers are not allowed in the Name field!
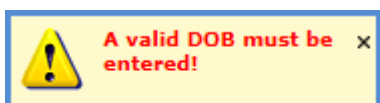
Figure A-5:   A valid DOB must be entered!
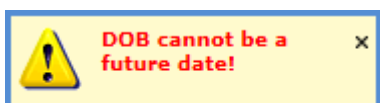
Figure A-6:   DOB cannot be a future date!

Figure A-7: xxx-xx-xxxx is not a valid SSN number!
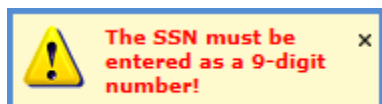
Figure A-8:   The SSN must be entered as a 9-digit number!
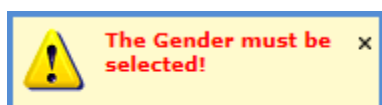
Figure A-9: The Gender must be selected!
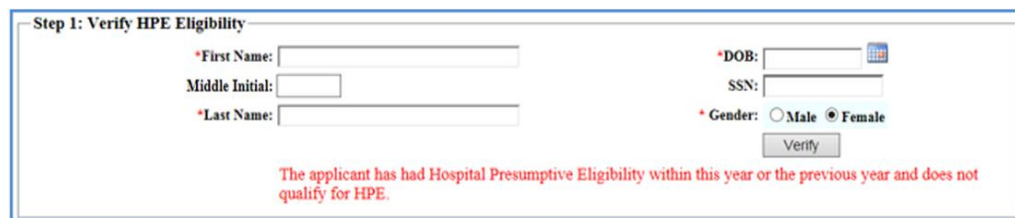
Figure A-10: The applicant has had Hospital Presumptive Eligibility within this year or the previous year and does not qualify for HPE.

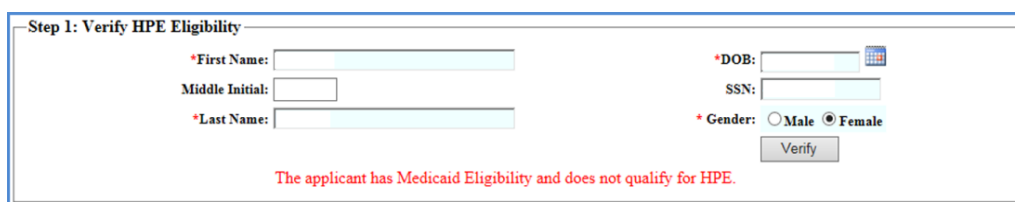**Figure A-11: The applicant has Medicaid Eligibility and does not qualify for HPE.**
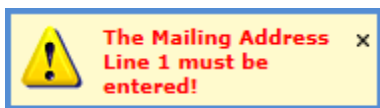
Figure A-12: The Mailing Address Line 1 must be entered!

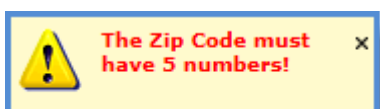
Figure A-13: The City must be entered!

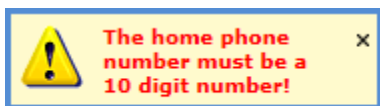**Figure A-14: The Zip Code must have 5 numbers!**

Figure A-15: The home phone number must be a 10 digit number!
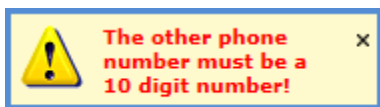

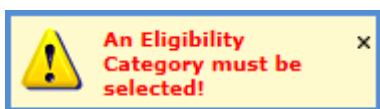**Figure A-16: The other phone number must be a 10 digit number!**

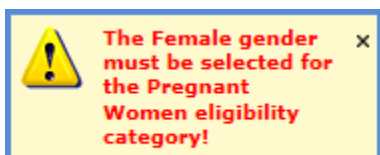**Figure A-17: An Eligibility Category must be selected!**

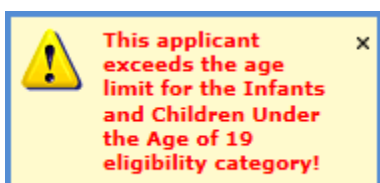**Figure A-18: The Female gender must be selected for the Pregnant Women eligibility category!**

Figure A-19: This applicant exceeds the age limit for the Infants and Children Under the Age of 19 eligibility category!
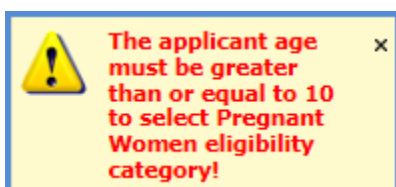

Figure A-20: The applicant age must be greater than or equal to 10 to select Pregnant Women eligibility category!
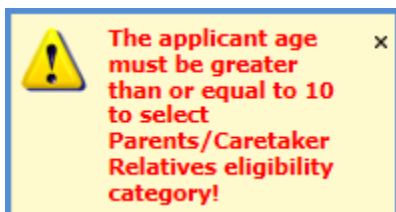

Figure A-21: The applicant age must be greater than or equal to 10 to select Parents/Caretaker Relatives eligibility category!
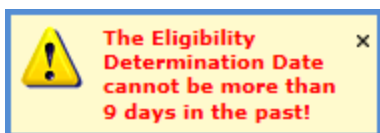

Figure A-22: The Eligibility Determination Date cannot be more than 9 days in the past!
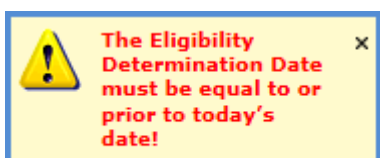

Figure A-23: The Eligibility Determination Date must be equal to or prior to today's date!
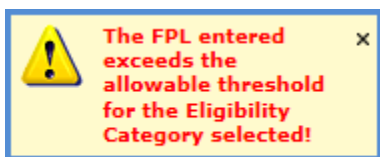
Figure A-24: The FPL entered exceeds the allowable threshold for the Eligibility Category selected!
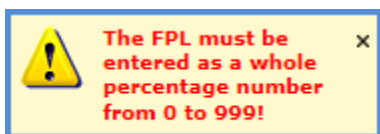
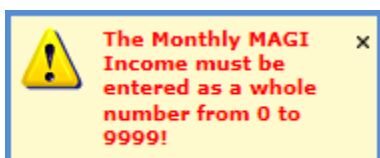**Figure A-25: The FPL must be entered as a whole percentage number from 0 to 999!**

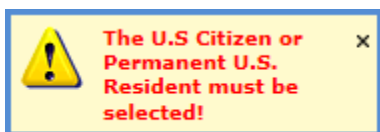**Figure A-26: The Monthly MAGI Income must be entered as a whole number from 0 to 9999!**

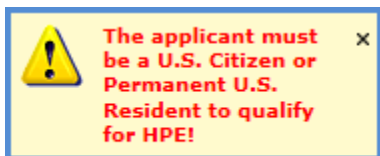**Figure A-27: The U.S. Citizen or Permanent U.S. Resident must be selected!**

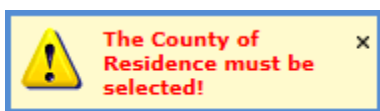**Figure A-28: The applicant must be a U.S. Citizen or Permanent U.S. Resident to qualify for HPE!**

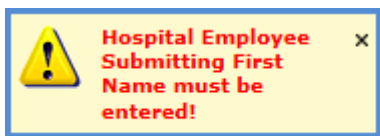**Figure A-29: The County of Residence must be selected!**

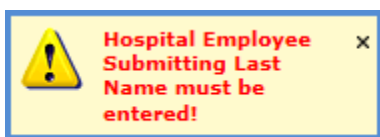**Figure A-30: Hospital Employee Submitting First Name must be entered!**

Figure A-31: Hospital Employee Submitting Last Name must be entered!